

# PARTNERING RATING FORM

Project Number: \_\_\_\_\_ TRACS Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

Period Being Evaluated: \_\_\_\_\_

Standard Evaluation Elements	Evaluation Criteria and Scores				
Quality	Poor Workmanship	Doesn't meet standards	Meets standards	Workmanship exceeds standards	
	1	2	3	4	N/A
Communication	I don't get the important information in a timely manner	I don't get sufficient information need to perform my tasks	I obtained all the important information in advance	I know everything that is needed to perform my tasks in a timely manner	
	1	2	3	4	N/A
Issue Resolution	Issues not addressed	Issues being resolved but not in a timely manner	Issues resolved in a timely manner	Proactive issue resolution	
	1	2	3	4	N/A
Team Work & Relationships	What team?	Lots of effort, many different directions	Lots, of effort mostly the same direction	We could win a war together	
	1	2	3	4	N/A
Schedule	Extremely behind Schedule	Slightly behind schedule	Right on schedule	Ahead of Schedule	
	1	2	3	4	N/A

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Optional Evaluation Elements	Evaluation Criteria and Scores				
	1	2	3	4	N/A
	1	2	3	4	N/A
	1	2	3	4	N/A
	1	2	3	4	N/A
	1	2	3	4	N/A

Additional Comment (What went well, what needs to be improved, etc.):

Organization Name (Required) \_\_\_\_\_

Your Name (Optional) \_\_\_\_\_